

OFFICE OF THE STATE CONTROLLER
STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2002-13
SEX CRIME CONFIDENTIALITY

JULY 29, 2002

In accordance with Government Code Section (GC §) 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Sex Crime Confidentiality (SCC) program. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

Law enforcement agency employees who receive reports from victims of specified sex crimes are required to inform the victims that their names will become a matter of public record unless they request confidentiality. If confidentiality is requested, the victims' names and addresses may not be disclosed except to specified persons. The victims' responses shall be memorialized in any written report of the alleged sex offenses.

On September 28, 2001, the COSM determined that Chapter 502/92 et seq, established costs mandated by the State according to the provisions listed in the attached P's & G's. For your reference, the P's & G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any city, county, or city and county, that incurs increased costs as a direct result of this mandate, is eligible to claim reimbursement of these costs.

Filing Deadlines

A. Initial Claims

Initial reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Reimbursement claims for fiscal years 1997-98 through 2001-02 must be filed with the SCO and be delivered or postmarked on or before **November 26, 2002**. Estimated claims for the 2002-03 fiscal year must also be delivered or postmarked on or before **November 26, 2002**. Thereafter, having received payment for an estimated claim, the claimant must file an annual reimbursement claim by January 15 of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000.

Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among fiscal years. If the claims are late, the penalty should be applied to a single fiscal year.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline will not be accepted.**

B. Estimated Claims

Unless otherwise specified in the claiming instructions, local agencies are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. Claimants can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, claimants must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs. Future estimated claims filed with the SCO must be postmarked by January 15 of the fiscal year in which costs will be incurred. Claims filed timely will be paid before late claims.

Minimum Claim Cost

GC § 17564 provides that no claim shall be filed pursuant to §§ 17551 and 17561, unless such a claim exceeds two hundred dollars (\$200) per program per fiscal year.

Reimbursement of Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported. If such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the P's & G's adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to the SCO on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be

duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at **www.sco.ca.gov/ard/local/locreim/index.htm**.

Address for Filing Claims

Submit a signed, original form FAM-27, Claim for Payment, and all other forms and supporting documents (no copies necessary) to:

If delivered by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Parameters and Guidelines

Penal Code Section 293

Statutes of 1992, Chapter 502

Statutes of 1993, Chapter 555

Statutes of 1993-1994, First Extraordinary Session, Chapter 36

Sex Crime Confidentiality

I. SUMMARY OF THE MANDATE

Penal Code section 293 requires a law enforcement agency employee who receives a report from a person who alleges that he or she was the victim of specified sex crimes to inform the reporting person that his or her name will become a matter of public record unless he or she requests confidentiality. This statute also requires that the person's response be memorialized in any written report of the alleged sex offense. Finally, if the person has requested confidentiality, the law enforcement agency may not disclose the person's name or address except to specified persons.

On September 28, 2001, the Commission on State Mandates (Commission) adopted its Statement of Decision that the test claim legislation constitutes a reimbursable state mandated program upon local governments within the meaning of article XIII B, section 6, of the California Constitution and Government Code section 17514 for the following activities:

- Law enforcement personnel who personally receive a report of a sex offense from an alleged victim shall inform the alleged victim of a sex offense that his or her name will become a matter of public record unless he or she requests that it does not.
- Law enforcement personnel shall indicate on any written report that the alleged victim has been properly informed of his or her right to confidentiality and shall memorialize his or her response.
- Law enforcement agencies shall not disclose the address or name of a person who is alleged to be the victim of a sex offense to any person except the prosecutor, parole officers of the Department of Corrections, hearing officers of the parole authority, or other person or public agencies where authorized or required by law.

II. ELIGIBLE CLAIMANTS

Any county, city, or city and county that has incurred increased costs as a direct result of this mandate is eligible to claim reimbursement of those costs.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557 states that a test claim must be submitted on or before June 30 following a given fiscal year to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed on June 30, 1999. Therefore, costs incurred for compliance with the mandate are eligible for reimbursement on or after July 1, 1997.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent fiscal year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of notification by the State Controller of the issuance of claiming instructions.

If total costs for a given year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

For each eligible claimant, the following activities are eligible for reimbursement:

A. One-Time Activities

1. Train those employees that actually perform the reimbursable activities listed in Section IV, A and B, of these parameters and guidelines. (One-time activity per employee.)
2. Update the police report to include fields so that the victim's desire to keep his or her name confidential may be recorded.
3. Develop policies and procedures to implement the reimbursable activities listed in Section IV, A and B, of these parameters and guidelines.

B. On Going Activities (*Beginning July 1, 1997*)

1. When a law enforcement agency employee receives a report of a sex offense from an alleged victim, inform the person that his or her name will become a matter of public record unless he or she requests that it does not. (Pen. Code, § 293, subd. (a).)
2. Indicate on any written report of an alleged sex offense, as defined in Penal Code section 293, subdivision (e),¹ that the alleged victim has been properly informed of his or her right to keep his or her name confidential, and memorialize his or her response. (Pen. Code, § 293, subd. (b).)
3. Redact a victim's name and address from all public records, except as provided in Penal Code section 293, subdivisions (c), (d), and (f).

¹ Penal Code section 293, subdivision (e), states: "For purposes of this section, sex offense means any crime listed in paragraph (2) of subdivision (f) of Section 6254 of the Government Code which is also defined in Chapter 1 (commencing with Section 261) or Chapter 5 (commencing with Section 281) of Part 1 of Title 9."

V. CLAIM PREPARATION AND SUBMISSION

Each reimbursement claim for this mandate must be timely filed. Each of the following cost elements must be identified for each reimbursable activity identified in Section IV of this document.

A. Direct Cost Reporting

Direct costs are those costs incurred specifically for the reimbursable activities. Direct costs that are eligible for reimbursement are:

1. Salaries and Benefits

Report each employee implementing the reimbursable activities by name, job classification, and productive hourly rate (total wages and related benefits divided by productive hours). Describe the specific reimbursable activities performed and the hours devoted to each reimbursable activity performed.

2. Materials and Supplies

Report the cost of materials and supplies that have been consumed or expended for the purpose of the reimbursable activities. Purchases shall be claimed at the actual price after deducting discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged on an appropriate and recognized method of costing, consistently applied.

3. Contracted Services

Report the name of the contractor and services performed to implement the reimbursable activities. If the contractor bills for time and materials, report the number of hours spent on the activities and all costs charged. If the contract is a fixed price, report the services that were performed during the period covered by the reimbursement claim. If the contract services are also used for purposes other than the reimbursable activities, only the pro-rata portion of the services used to implement the reimbursable activities can be claimed. Submit contract consultant and attorney invoices with the claim and a description of the contract scope of services.

4. Fixed Assets and Equipment

Report the purchase price paid for fixed assets and equipment (including computers) necessary to implement the reimbursable activities. The purchase price includes taxes, delivery costs, and installation costs. If the fixed asset or equipment is also used for purposes other than the reimbursable activities, only the pro-rata portion of the purchase price used to implement the reimbursable activities can be claimed.

5. Travel

Report the name of the employee traveling for the purpose of the reimbursable activities. Include the date of travel, destination point, the specific reimbursable activity requiring travel, and related travel expenses reimbursed to the employee in compliance with the rules of the local jurisdiction. Report employee travel time according to the rules of cost element A.1, Salaries and Benefits, for each applicable reimbursable activity.

6. Training

Report the cost of training an employee to perform the reimbursable activities, as specified in Section IV of this document. Report the name and job classification of each employee preparing for, attending, and/or conducting training necessary to implement the reimbursable activities. Provide the title, subject, and purpose (related to the mandate of the training session), dates attended, and location. If the training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed. Report employee training time for each applicable reimbursable activity according to the rules of cost element A.1, Salaries and Benefits, and A.2, Materials and Supplies. Report the cost of consultants who conduct the training according to the rules of cost element A.3, Contracted Services. This data, if too voluminous to be included with the claim, may be reported in a summary. However, supporting data must be maintained as described in Section VI.

B. Indirect Cost Rates

Indirect costs are defined as costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

Compensation for indirect costs is eligible for reimbursement utilizing the procedure provided in the Office of Management and Budget (OMB) Circular A-87. Claimants have the option of using 10% of direct labor, excluding fringe benefits, or preparing an Indirect Cost Rate Proposal (ICRP) if the indirect cost rate claimed exceeds 10%.

If the claimant chooses to prepare an ICRP, both the direct costs (as defined and described in OMB Circular A-87 Attachments A and B) and the indirect costs shall exclude capital expenditures and unallowable costs (as defined and described in OMB A-87 Attachments A and B). However, unallowable costs must be included in the direct costs if they represent activities to which indirect costs are properly allocable.

The distribution base may be (1) total direct costs (excluding capital expenditures and other distorting items, such as pass-through funds, major subcontracts, etc.), (2) direct salaries and wages, or (3) another base which results in an equitable distribution.

In calculating an ICRP, the Claimant shall have the choice of one of the following methodologies:

1. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) classifying a department's total costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate which is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected; or
2. The allocation of allowable indirect costs (as defined and described in OMB Circular A-87 Attachments A and B) shall be accomplished by (1) separating a department into groups, such as divisions or sections, and then classifying the division's or section's total

costs for the base period as either direct or indirect, and (2) dividing the total allowable indirect costs (net of applicable credits) by an equitable distribution base. The result of this process is an indirect cost rate that is used to distribute indirect costs to mandates. The rate should be expressed as a percentage which the total amount allowable indirect costs bears to the base selected.

VI. SUPPORTING DATA

A. Source Documents

For auditing purposes, all incurred costs claimed shall be traceable to source documents that show evidence of their validity and relationship to the reimbursable activities. Documents may include, but are not limited to, worksheets, employee time records or time logs, cost allocation reports (system generated), invoices, receipts, purchase orders, contracts, agendas, training packets with signatures and logs of attendees, calendars, declarations, and data relevant to the reimbursable activities otherwise reported in compliance with local, state, and federal government requirements.

B. Record Keeping

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the State Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended.* See the State Controller's claiming instructions regarding retention of required documentation during the audit period.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant shall be required to provide a certification of the claim, as specified in the State Controller's claiming instructions, for those costs mandated by the State contained herein.

IX. PARAMETERS AND GUIDELINES AMENDMENTS

Parameters and guidelines may be amended pursuant to Title 2, California Code of Regulations section 1183.2.

* This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

| CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SEX CRIME CONFIDENTIALITY | | | For State Controller Use Only | Program 220 |
|--|---|---|---------------------------------|---------------------------|
| (01) Claimant Identification Number | | | Reimbursement Claim Data | |
| (02) Claimant Name | | | | |
| County of Location | | | | |
| Street Address or P.O. Box Suite | | | | |
| City State Zip Code | | | | |
| Type of Claim | Estimated Claim | Reimbursement Claim | (22) SCC-1, (04)(A)(1)(g) | |
| | (03) Estimated <input type="checkbox"/> | (09) Reimbursement <input type="checkbox"/> | (27) SCC-1, (04)(B)(3)(g) | |
| | (04) Combined <input type="checkbox"/> | (10) Combined <input type="checkbox"/> | (28) SCC-1, (06) | |
| | (05) Amended <input type="checkbox"/> | (11) Amended <input type="checkbox"/> | (29) | |
| Fiscal Year of Cost | (06) 20 / 20 | (12) 19 / 20 | (30) | |
| Total Claimed Amount | (07) | (13) | (31) | |
| Less: 10% Late Penalty, not to exceed \$1,000 | | (14) | (32) | |
| Less: Prior Claim Payment Received | | (15) | (33) | |
| Net Claimed Amount | | (16) | (34) | |
| Due from State | (08) | (17) | (35) | |
| Due to State | | (18) | (36) | |
| (37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 502, Statutes of 1992, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 502, Statutes of 1992.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 502, Statutes of 1992, set forth on the attached statements.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">Signature of Authorized Officer</div> <div style="width: 40%;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-bottom: 1px solid black;"></div> <div style="width: 40%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">Type or Print Name</div> <div style="width: 40%;">Title</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">(38) Name of Contact Person for Claim</div> <div style="width: 20%;">Telephone Number</div> <div style="width: 20%;">() -</div> <div style="width: 20%;">Ext.</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; border-bottom: 1px solid black;"></div> <div style="width: 60%; border-bottom: 1px solid black;"></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%; border-bottom: 1px solid black;"></div> <div style="width: 60%; border-bottom: 1px solid black;"></div> </div> | | | | |

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|------------------------------|--|------------------------------|
| Program 220 | SEX CRIME CONFIDENTIALITY Certification Claim Form Instructions | FORM FAM-27 |
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- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. Affix a label in the space shown. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form SCC-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form SCC-1, line (11).
- (14) **Filing Deadline. Initial Claims of Ch. 502/92.** If the reimbursement claims for fiscal years 1997-98 through 2001-02 are filed after **November 26, 2002**, the claims must be reduced by a late penalty. Costs for all initial reimbursement claims must be filed separately according to the fiscal year in which the costs were incurred. However, the initial claims will be considered as one claim for the purpose of computing the late claim penalty. Do not prorate the penalty among the fiscal years. If the claims are late, the penalty should be applied to a single fiscal year. Enter either the product of multiplying the sum total of line (13) for all applicable FAM-27's by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the following fiscal year in which costs were incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17) Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., SCC-1, (04)(A)(1)(g), means the information is located on form SCC-1, line (04)(A)(1), column (g). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 34.19% should be shown as 34. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by a signed certification.**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816

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|---|---|------------------------|----------|--|-------------------|--------------|-----------------------------|-------|
| Program 220 | MANDATED COSTS SEX CRIME CONFIDENTIALITY CLAIM SUMMARY | | | | | | FORM SCC-1 | |
| (01) Claimant | | | | (02) Type of Claim | | Fiscal Year | | |
| | | | | Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> | | 19__/20__ | | |
| (03) Department | | | | | | | | |
| Direct Costs | | Object Accounts | | | | | | |
| (04) Reimbursable Components | | (a) | (b) | (c) | (d) | (e) | (f) | (g) |
| | | Salaries | Benefits | Materials and Supplies | Contract Services | Fixed Assets | Travel and Training | Total |
| A. One-Time Costs | | | | | | | | |
| 1. Training | | | | | | | | |
| 2. Police Report Updates | | | | | | | | |
| 3. Policies and Procedures | | | | | | | | |
| B. Ongoing Costs | | | | | | | | |
| 1. Notice to Victims | | | | | | | | |
| 2. Notification on Written Reports | | | | | | | | |
| 3. Withholding of Victims' Information | | | | | | | | |
| (05) Total Direct Costs | | | | | | | | |
| Indirect Costs | | | | | | | | |
| (06) Indirect Cost Rate [From ICRP] | | | | | | | % | |
| (07) Total Indirect Costs [Line (06) x line (05)(a)] or [Line (06) x {line (05)(a) + line (05)(b)}] | | | | | | | | |
| (08) Total Direct and Indirect Costs [Line (05)(g) + line (07)] | | | | | | | | |
| Cost Reduction | | | | | | | | |
| (09) Less: Offsetting Savings | | | | | | | | |
| (10) Less: Other Reimbursements | | | | | | | | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | | | | | | | | |

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| Program 220 | SEX CRIME CONFIDENTIALITY CLAIM SUMMARY Instructions | FORM SCC-1 |
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form SCC-1 must be filed for a reimbursement claim. Do not complete form SCC-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form SCC-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form SCC-1 should be completed for each department.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form SCC-2, line (05), columns (d) through (i), to form SCC-1, block (04), columns (a) through (f), in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (g).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is reporting costs, each must have its own ICRP for the program.
- (07) Total Indirect Costs. Multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(g), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

| | | | | | | | | | |
|---|--|---------------------------------------|-----------------|------------------------|-------------------------------------|-----------------------------|------------------------|----------------------------------|--|
| Program 220 | MANDATED COSTS SEX CRIME CONFIDENTIALITY COMPONENT/ACTIVITY COST DETAIL | | | | | | | FORM SCC-2 | |
| (01) Claimant | | | | (02) Fiscal Year | | | | | |
| (03) Reimbursable Components: Check only one box per form to identify the component being claimed. | | | | | | | | | |
| One-Time <input type="checkbox"/> Training <input type="checkbox"/> Police Report Updates <input type="checkbox"/> Policies and Procedures | | | | | | | | | |
| | | | | | | | | | |
| Ongoing <input type="checkbox"/> Notice to Victims <input type="checkbox"/> Notification on Written Reports <input type="checkbox"/> Withholding of Victims' Information | | | | | | | | | |
| (04) Description of Expenses | | | | Object Accounts | | | | | |
| (a) Employee Names, Job Classifications, Functions Performed and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries | (e) Benefits | (f) Materials and Supplies | (g) Contract Services | (h) Fixed Assets | (i) Travel and Training | |
| | | | | | | | | | |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____ | | | | | | | | | |

| | | |
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| Program 220 | SEX CRIME CONFIDENTIALITY COMPONENT/ACTIVITY COST DETAIL Instructions | FORM SCC-2 |
|------------------------------|--|-----------------------------|

- (01) Claimant. Enter the name of the claimant. If more than one department has incurred costs for this mandate, give the name of each department. A separate form SCC-2 should be completed for each department.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form SCC-2 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds are appropriated for the initial payment at the time the claims are filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit supporting documents with the claim |
|-----------------------------------|---|---|--|--|---|--|--|---|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| Salaries | Employee Name/Title | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Activities Performed | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | | | |
| Contract Services | Name of Contractor Specific Tasks Performed | Hourly Rate | Hours Worked Inclusive Dates of Service | | | Itemized Cost of Services Performed | | | Copy of Contract and Invoices |
| Fixed Assets | Description of Equipment Purchased | Unit Cost | Usage | | | | Itemized Cost of Equipment Purchased | | |
| Travel and Training | Purpose of Trip Name and Title Departure and Return Date | Per Diem Rate Mileage Rate Travel Cost | Days Miles Travel Mode | | | | | Cost = Rate x Days or Miles or Total Travel Cost | |
| | Employee Name/Title Name of Class | | Dates Attended | | | | | Registration Fee | |

- (05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (i) to form SCC-1, block (05), columns (a) through (f) in the appropriate row.